

It is proper to state that the difficulty in arresting this hemorrhage arose in great part from the impossibility of preventing the patient from blowing her nose and thus displacing the clot or from drawing out the plug with her fingers. For the patient, though willing to do what was desired, from her weakness of memory would repeatedly do that against which she was especially cautioned, and despite the watchfulness of her attendants frequently renewed the hemorrhage by displacing the coagulum.

DR. LEVICK said a case of epistaxis had come under his notice, in which the use of common salt had entirely failed to arrest the hemorrhage. The patient was a man of about forty years of age, a free liver, who had for several years been liable to such an attack in the month of February. No attempt was made to suddenly check it; but when it became exhausting, common salt was resorted to, but proved entirely unavailing. The bleeding was at last arrested by plugging the nostrils with conical pledgets of lint, rolled in powdered kino.

DR. RUSCHENBERGER also had tried the salt, as recommended by Dr. Morris, in a case of obstinate epistaxis, without effect. The patient was an old gentleman; the bleeding continued until the plug of lint was resorted to, as in the case referred to by Dr. Levick.

DR. F. BACHE remarked, in reference to remedies proposed for hemorrhages, that it was often difficult to distinguish the event from the result in these cases, on account of their tendency to a spontaneous termination; and that, hence, the accidental coincidence of a cessation of the hemorrhage with the administration of a remedy, might lead to a very erroneous estimate of the value of the latter.

DR. HEWSON referred to a case of epistaxis occurring in the course of an attack of purpura, in which the use of Monsel's persulphate of iron, internally, in doses of two grains dissolved in a drachm of water, every four hours, promptly checked the hemorrhage, and gradually cured the general disease.

*Ligature of Right Subclavian Artery for Axillary Aneurism.*—Dr. H. E. DRAYTON read the following note of a case in which this operation resulted fatally, from pyæmia, on the 22d day:—

I. W., aged 37, tailor, born in Germany, general condition feeble, was admitted into the Episcopal Hospital of Philadelphia, March 25th, 1859, for injuries of right shoulder and side, caused by a recent fall. As the diagnosis was uncertain, the arm was simply placed in a sling, and bathed with volatile liniment. In this condition I found him, on taking charge of the wards as attending surgeon, on the 1st of April. I examined him repeatedly, but could make nothing out of the case, except that there was constantly greater pain than the apparent injuries accounted for, although there was no marked swelling; on the 7th of April, however, I discovered

a distinct aneurismal sound at the anterior part of the axilla, and under the clavicle.

The symptoms continuing, a tumour rapidly developing, and the arm vibrating responsively to the aneurismal thrill, a consultation with my colleagues, Drs. Hunt, Thomas, and Kenderdine, was held April 13th. They confirmed the diagnosis, and advised immediate operation, but the patient would not consent.

The symptoms increased in severity until the 16th of April, when the patient agreed to an operation, and the next morning was appointed for the purpose.

On the morning of the 17th an evident change had taken place; the tumour was reduced in size, with feebler throbbing, and diminished sounds; as also there was no pulse below the tumour, and the man appeared to be much easier, we were led to hope that such alteration had taken place in the condition of the parts as might possibly result in a spontaneous cure. The operation was consequently again delayed.

This improvement continued until the 21st, when the tumour increased nearly one-third in twenty-four hours, now presenting an enormous swelling in the axilla, with enlarged blue veins running over it. The arm was cedematous and much reduced in temperature. The radial pulse had returned, as well as a feeble though distinct pulsation in the tumour, with intense pain.

On the 22d, assisted by my colleagues, and the resident physicians, Drs. Grier and Ingersoll, I performed the ordinary operation of tying the artery above the clavicle. This was tedious, as from the great swelling there was such displacement as to render finding the vessel difficult. The artery must have been tied at least three inches below the surface. The ligature was passed by Gibson's aneurismal needle; and, upon being tightened, immediately arrested the flow of blood to the tumour, causing at once an entire cessation of both sound and pulsation. No vessel having been wounded, there was very little loss of blood.

From April 22d to May 1st there was some improvement, the tumour and cedema having diminished, and the temperature having risen in the arm. On the 26th there was slight pulsation at the wrist through the collateral circulation, and the wound was gradually uniting. May the 1st, fever set in and, during the night, the man became delirious, jumped out of bed, and tore open the wound, but fortunately without disturbing the ligature; this came away on the 9th, without any secondary hemorrhage. After this date he did not improve, but gradually became more feeble, suffering pains in the joints, with hectic flush and profuse sweats, delirium, coma, until he was released by death, which took place on the 14th.

*Autopsy, 36 hours after death.*—Rapid decomposition. Brain, lungs, liver, and heart healthy; large quantity of fluid in pericardium. In the sac of the aneurism there was more than a pint of thin blood streaked with

pus. The sac had opened into the shoulder-joint. The parts were so much disorganized that it was impossible to inject them. The ligated subclavian was found impervious, and adherent to the surrounding tissues. Its humeral end was shrunken to the size of a knitting needle. The axillary and brachial arteries were so soft and flat as to be mistaken at first for veins; these, on the contrary, being so filled in places with coagulated blood as to appear like arteries. In various parts of the body the veins were found filled with pus. The origin of the aneurism was found to be a small opening in the axillary artery, which vessel was no doubt prone to rupture, on account of a diseased state, resulting from the long continued use of a crutch, rendered necessary by a twice-broken, badly united femur.

During more than ten days immediately following the occurrence of the fall there was no tumour; but after the first symptoms had appeared, there was such rapid development and such acute pain, as to give rise to a very reasonable suspicion of malignant growth. The tumour could not be emptied by pressure. The cause of death was, undoubtedly, phlebitis.

*Chronic Inflammation and Softening of the Brain.*—Dr. LEVICK exhibited the brain of a woman who had died, fourteen hours before, in the Pennsylvania Hospital, and gave the following history of the case: The patient was an unmarried woman, æt. 38 years, who had been employed as an upper servant, and whose duties had not been arduous. Her health had been good until six months previously, when it was noticed that there was some mental confusion; that, in arranging the furniture of a room, it was placed in an improper position, bureaus out in the middle of the room, etc. Somewhat later than this, she began to complain of pain in the right side of her head, became of irritable temper, and restless. The pain, which would disappear entirely for a time, closely resembled that of neuralgia, and was treated with valerianate of ammonia without any permanent benefit. About this time she complained that she was unable to hold her needle long enough to sew. Six weeks ago, the pain became intense, and she was obliged to remain in her bed; delirium and excessive restlessness now set in, continuing for a time, and then disappearing. Two weeks later, she was brought to the hospital. She had at this time a cool skin, a frequent pulse, pain in the right side of the head, referred to the mastoid region and its vicinity, mouth distorted toward the right side, firm rigidity of the left arm, but no paralysis of the lower extremities, no want of control over the sphincters, and no sick stomach. The treatment consisted of a purge of compound powder of jalap, and the exhibition of small doses of calomel. She was unintentionally salivated, which was followed by a temporary alleviation of her symptoms. These soon returned with increased intensity; the tongue became dry and incrustated with sordes; these again disappeared, again to return, and she died this morning, her symptoms being rather those of exhaustion than of cerebral effusion. For a few days before her death